



CITY OF MILWAUKEE  
OFFICE OF THE CITY CLERK

Monday, March 23, 2026

COMMITTEE MEETING NOTICE

AD 12

HILL, Roberto N, Agent  
LHZ INVESTMENTS, LLC  
8445 S 116TH ST  
FRANKLIN, WI 53132

You are requested to attend a hearing which is to be held in Room 301-B, Third Floor, City Hall or you may attend virtually using the link below.

**Wednesday, April 08, 2026 at 09:50 AM**

The access code is <https://meet.goto.com/459501549>. Please see the enclosed best practices document for further instructions.

**Regarding:** Your Public Entertainment Premises License Application Requesting Instrumental Musicians, Disc Jockey, Jukebox, Bands, Karaoke, Poetry Readings, Comedy Acts and Hookah Services as agent for "LHZ INVESTMENTS, LLC" for "CANNA BLOOM FARMACY" at 161 S 1ST St #110.

There is a possibility that your application may be denied for one or more of the following reasons: The recommendation of the committee regarding the application shall be based on evidence presented at the hearing. Per MCO 85-2.7-4, probative evidence concerning whether or not a new license should be granted may be presented on the following subjects: whether or not the applicant meets the municipal requirements, the appropriateness of the location and premises where the licensed premises is to be located and whether use of the premises for the purposes or activities permitted by the license would tend to facilitate a public or private nuisance or create undesirable neighborhood problems such as disorderly patrons, unreasonably loud noise, litter, and excessive traffic and parking congestion. Probative evidence relating to these matters may be taken from the plan of operation submitted with the license application, if any, but shall not include the content of any music. Evidence regarding the fitness of the location of the premises to be maintained as the principal place of business, including but not limited to whether there is an overconcentration of businesses of the type for which the license is sought; whether the proposal is consistent with any pertinent neighborhood business or development plans, or the location's proximity to areas where children are typically present. The applicant's record in operating similarly licensed premises; and whether or not the applicant has been charged with or convicted of any felony, misdemeanor, municipal offense or other offense, the circumstances of which substantially relate to the activity to be permitted by the license being applied for or any other factor which reasonably relates to the public health, safety or welfare may also be considered. See attached police report or correspondence.

**Notice for applicants with warrants or unpaid fines:**

**Proof of warrant satisfaction or payment of fines must be submitted at the hearing on the above date and time. Failure to comply with this requirement may result in a delay of the granting/denial of your application.**

Failure to appear at this meeting may result in the denial of your license. Individual applicants must appear only in person or by an attorney. Corporate or Limited Liability applicants must appear only by the agent designated on the application or by an attorney. Partnership applicants must appear by a partner listed on the application or by an attorney. If you wish to do so and at your own expense, you may be accompanied by an attorney of your choosing to represent you at this hearing.

You will be given an opportunity to speak on behalf of the application and to respond and challenge any charges or reasons given for the denial. No petitions can be accepted by the committee, unless the people who signed the petition are present at the committee hearing and willing to testify. You may present witnesses under oath and you may also confront and cross-examine opposing witnesses under oath. If you have difficulty with the English language, you should bring an interpreter with you, at your expense, so that you can answer questions and participate in your hearing.

You may examine the application file at this office during regular business hours prior to the hearing date. Inquiries regarding this matter may be directed to the person whose signature appears below.

Limited parking for persons attending meetings during normal business hours is available at reduced rates (5 hour limit) at the Milwaukee Center on the southwest corner of Kilbourn Avenue and Water Street. You must present a copy of the meeting notice to the parking cashier.

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through sign language interpreters or other auxiliary aids. For additional information or to request this service, contact the Council Services Division ADA Coordinator at (414) 286-2998, Fax - (414) 286-3456, TDD - (414) 286-2025.

JIM OWCZARSKI, CITY CLERK

BY: \_\_\_\_\_

Jim Cooney  
License Division Manager

**If you have questions regarding this notice, please contact the License Division at (414) 286-2238.**

200 E. Wells Street, Room 105, City Hall, Milwaukee, WI 53202. [www.milwaukee.gov/license](http://www.milwaukee.gov/license)  
Phone: (414) 286-2238 Fax: (414) 286-3057 Email Address: [License@milwaukee.gov](mailto:License@milwaukee.gov)



Monday, March 23, 2026



# Notice of Public Hearing

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HILL, Roberto N, Agent  
Canna Bloom Farmacy at 161 S 1ST St #110  
Public Entertainment Premises License Application Requesting Instrumental Musicians, Disc  
Jockey, Jukebox, Bands, Karaoke, Poetry Readings, Comedy Acts and Hookah Services

**Wednesday, April 08, 2026 at 9:50 AM**

To whom it may concern:

The above application has been made by the above named applicant(s). This requires approval from the Licenses Committee and the Common Council of the City of Milwaukee. The hearing before the Licenses Committee will take place on 4/8/2026 at 9:50 AM in Room 301-B, Third Floor, City Hall. This is a public hearing. Those wishing to view the proceeding are able to do so via the City Channel – Channel 25 on Spectrum Cable – or on the Internet at <http://city.milwaukee.gov/citychannel>. Those wishing to provide oral testimony via internet are asked to contact the staff assistant, Yadira Melendez at (414) 286-2775 or [stasst5@milwaukee.gov](mailto:stasst5@milwaukee.gov) for necessary information. Please make such requests no later than one business day prior to the start of the meeting. You are not required to attend the hearing, but please see the information below if you would like to provide testimony. Once the Licenses Committee makes its recommendation, this recommendation is forwarded to the full Common Council for approval at its next regularly scheduled hearing.

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## Important details for those wishing to provide information for the Licenses Committee to consider when making its recommendation:

1. The license application is scheduled to be heard at the above time. Due to other hearings running longer than scheduled, you may have to wait some time to provide your testimony.
2. You must appear in person and testify as to matters that you have personally experienced or seen. (You cannot provide testimony for your neighbor, parent or anyone else; this is considered hearsay and cannot be considered by the committee.)
3. No letters or petitions can be accepted by the committee (unless the person who wrote the letter or the persons who signed the petition are present at the committee hearing and willing to testify).
4. Persons opposed to the license application are given the opportunity to testify first; supporters may testify after the opponents have finished.
5. When you are called to testify, you will be sworn in and asked to give your name, and address. (If your first and/or last names are uncommon please spell them.)
6. You may then provide testimony.
  - a. Include only information relating to the above license application.
  - b. Include only information you have personally witnessed or seen.
  - c. Provide concise and relevant information detailing how this business has affected or may affect the peaceful enjoyment of your neighborhood.
  - d. If by the time you have the opportunity to testify, the information you wish to share has already been provided to the committee, you may state that you agree with the previous testimony. Redundant or repetitive testimony will not assist the committee in making its recommendation.
7. After giving your testimony, the members of the Licenses Committee and the licensee may ask questions regarding the testimony you have given or other factors relating to the license application.
8. Business Competition is not a valid basis for denial or non-renewal of a license.  
**Please Note: If you have submitted an objection to the above application your objection cannot be considered by the committee unless you personally testify at the hearing.**

OCCUPANT	MAIL ADDRESS	CITY STATE ZIP
CURRENT OCCUPANT	130 W PITTSBURGH AVE	MILWAUKEE, WI 53204-1434
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 301	MILWAUKEE, WI 53204-1461
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 302	MILWAUKEE, WI 53204-1464
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 303	MILWAUKEE, WI 53204-1461
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 304	MILWAUKEE, WI 53204-1464
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 305	MILWAUKEE, WI 53204-1464
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 306	MILWAUKEE, WI 53204-1462
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 307	MILWAUKEE, WI 53204-1464
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 308	MILWAUKEE, WI 53204-1464
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 309	MILWAUKEE, WI 53204-1464
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 310	MILWAUKEE, WI 53204-1464
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 311	MILWAUKEE, WI 53204-1464
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 313	MILWAUKEE, WI 53204-1464
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 314	MILWAUKEE, WI 53204-1464
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 401	MILWAUKEE, WI 53204-1464
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 402	MILWAUKEE, WI 53204-1462
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 403	MILWAUKEE, WI 53204-1464
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 404	MILWAUKEE, WI 53204-1462
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 405	MILWAUKEE, WI 53204-1464
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 406	MILWAUKEE, WI 53204-1462
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 407	MILWAUKEE, WI 53204-1461
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 408	MILWAUKEE, WI 53204-1461
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 409	MILWAUKEE, WI 53204-1462
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 410	MILWAUKEE, WI 53204-1461
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 411	MILWAUKEE, WI 53204-1461
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 412	MILWAUKEE, WI 53204-1461
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 413	MILWAUKEE, WI 53204-1461
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 414	MILWAUKEE, WI 53204-1461
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 501	MILWAUKEE, WI 53204-1464
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 502	MILWAUKEE, WI 53204-1471
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 503	MILWAUKEE, WI 53204-1464
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 504	MILWAUKEE, WI 53204-1462
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 505	MILWAUKEE, WI 53204-1464
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 506	MILWAUKEE, WI 53204-1471
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 507	MILWAUKEE, WI 53204-1471
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 508	MILWAUKEE, WI 53204-1471
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 509	MILWAUKEE, WI 53204-1471
CURRENT OCCUPANT	133 W PITTSBURGH AVE# 510	MILWAUKEE, WI 53204-1471
CURRENT OCCUPANT	135 W SEEBOTH ST# 101	MILWAUKEE, WI 53204-4342
CURRENT OCCUPANT	135 W SEEBOTH ST# 102	MILWAUKEE, WI 53204-4342
CURRENT OCCUPANT	135 W SEEBOTH ST# 103	MILWAUKEE, WI 53204-4342
CURRENT OCCUPANT	135 W SEEBOTH ST# 205	MILWAUKEE, WI 53204-4343
CURRENT OCCUPANT	135 W SEEBOTH ST# 301	MILWAUKEE, WI 53204-4343
CURRENT OCCUPANT	135 W SEEBOTH ST# 302	MILWAUKEE, WI 53204-4344
CURRENT OCCUPANT	135 W SEEBOTH ST# 303	MILWAUKEE, WI 53204-4344
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CURRENT OCCUPANT	135 W SEEBOTH ST# 401	MILWAUKEE, WI 53204-4346
CURRENT OCCUPANT	135 W SEEBOTH ST# 402	MILWAUKEE, WI 53204-4346
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CURRENT OCCUPANT	135 W SEEBOTH ST# 509	MILWAUKEE, WI 53204-4349
CURRENT OCCUPANT	135 W SEEBOTH ST# 510	MILWAUKEE, WI 53204-4349
CURRENT OCCUPANT	135 W SEEBOTH ST# 511	MILWAUKEE, WI 53204-4349
CURRENT OCCUPANT	136 W PITTSBURGH AVE	MILWAUKEE, WI 53204-1434
CURRENT OCCUPANT	138 W PITTSBURGH AVE	MILWAUKEE, WI 53204-1434
CURRENT OCCUPANT	149 S 1ST ST	MILWAUKEE, WI 53204-1404
CURRENT OCCUPANT	159 S 1ST ST	MILWAUKEE, WI 53204-1404
CURRENT OCCUPANT	174 S 2ND ST	MILWAUKEE, WI 53204-1409
CURRENT OCCUPANT	176 S 2ND ST	MILWAUKEE, WI 53204-1409
CURRENT OCCUPANT	176A S 2ND ST	MILWAUKEE, WI 53204-1409
CURRENT OCCUPANT	178 S 2ND ST	MILWAUKEE, WI 53204-1409
CURRENT OCCUPANT	182 S 2ND ST	MILWAUKEE, WI 53204-1409
CURRENT OCCUPANT	186 S 2ND ST	MILWAUKEE, WI 53204-1409
CURRENT OCCUPANT	188 S 2ND ST	MILWAUKEE, WI 53204-1409
CURRENT OCCUPANT	192 S 2ND ST	MILWAUKEE, WI 53204-1409

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Total Records: 89

Radius 250 feet and Center of the Circle: 161 S 1st St



# APPLICATION AMENDMENT

Office of the City Clerk License Division  
200 E. Wells Street, Room 105, Milwaukee, WI 53202 (414) 286-2238

Date: 02-11-26

To the License Division of the City of Milwaukee:

I, ROBERTO N. HILL, wish to amend my answer(s) on the application for a  
FOOD <sup>(full legal name)</sup> DEALER LICENSE  
PUBLIC ENTERTAINMENT license at 161 S. 1 ST #110 MILWAUKEE, WI 53204  
(type of license) (premises address, if applicable)

by adding or amending the following information (complete only those sections being amended):

1. Answer to Question(s) # \_\_\_\_\_ should be: \_\_\_\_\_
2. Agent should be (full legal name): \_\_\_\_\_ Also complete 3, 4, 5 & 6
3. Date of birth should be: \_\_\_\_\_
4. Home address should be (include city/state/zip): \_\_\_\_\_
5. Phone number should be (include area code): \_\_\_\_\_
6. Driver's License Number/State ID Number should be: \_\_\_\_\_
7. Corporation/LLC name should be (full legal name): \_\_\_\_\_
8. Business name should be: \_\_\_\_\_
9. Premises address should be (include city/state/zip): \_\_\_\_\_
10. Business phone number should be (include area code): \_\_\_\_\_
11. Mailing address should be (include city/state/zip): \_\_\_\_\_
12. Email address should be: \_\_\_\_\_
13. Recycling/Salvaging/Towing: Location where vehicle will be parked should be (include city/state/zip): \_\_\_\_\_

14. Class B Tavern: Age Distinction should be: \_\_\_\_\_

15. Other: we wish to delete FOOD DEALERS LICENSE DUE TO BUDGETARY REASONS.

WE WANT TO CONTINUE WITH THE PUBLIC ENTERTAINMENT PERMIT. ADDITIONAL,  
(Check with the License Division before submitting "Other" amendments using this form.)  
CORRECTING FLOOR PLAN TO INCLUDE PATIO AREA AND ADDING P.E.P PLAN OF OPERATION.

  
ROBERTO HILL  
Signature of Licensee (Individual, Partner, or Agent of Corp/LLC)

PEP 386321 + FOOD 386320  
Office Use Only: Application #: \_\_\_\_\_ Date: 2/11/26 Initials: (SC) To LC: \_\_\_\_\_  
LC Email: MPD NS HD Initials: \_\_\_\_\_



# BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 www.milwaukee.gov/license e-mail address: [license@milwaukee.gov](mailto:license@milwaukee.gov)

## 1. Type of Business

Applying for:  Extended Hours (12AM to 5AM) - If a food establishment, check all that apply:  Delivery  Drive Thru  Dining Room  
 Self Service Laundry  Massage Establishment  Filling Station  
 Other (supplemental application for specific license also required) **PUBLIC ENTERTAINMENT PERMIT**

Provide a detailed description of the type of business you plan on operating:

**RETAIL STORE WITH A MUSIC/ENTERTAINMENT**

Do you have any experience operating this type of business?  No  Yes If yes, explain: **CURRENTLY OWN A RETAIL STORE "THE BIZ STORE" IN MADISON**

## 2. Business Operations

**AND OWN CAUNA BLOOM Farmacy IN HARTFORD**

- a. Proposed Opening Date: **OCTOBER 2025 - RETAIL**
- b. Is this premise under construction?  No  Yes If yes, list estimated completion date: \_\_\_\_\_
- c. Is this a franchise?  No  Yes
- d. Is this premises currently licensed?  No  Yes If yes, list type of license: **OCCUPANCY**
- e. Is the current licensee operating?  No  Yes If no, list date closed: \_\_\_\_\_
- f. Do you have future plans for other businesses, licenses or permits at this location?  No  Yes  
If yes, explain: **PUBLIC ENTERTAINMENT PERMIT**
- g. Have you previously held an Extended Hours License in Milwaukee?  No  Yes  
If yes, list address(es): \_\_\_\_\_
- h. Are other businesses operating in the same building?  No  Yes If yes, describe: **OFFICE / COFFEE SHOP -**

## 3. Litter & Noise

- a. How are grounds kept clean?  Sweep  Pressure Wash  Pick Up Litter  Other: \_\_\_\_\_
- b. How often will grounds be cleaned?  Daily  Weekly  As Needed  Monthly  Other: \_\_\_\_\_
- c. Grounds cleaned by:  Licensee  Building Owner  Employees  Hired Maintenance  Other: \_\_\_\_\_
- d. How are noise issues prevented and/or addressed?  Security  Manager approaches customer(s)  Call Police  
 Signs Posted  Other: **PRO ACTIVE INSIDE AND OUT.**
- e. Will a sound amplification system be used?  No  Yes If yes, describe: **PA SYSTEM, MUSIC AMPS.**

## 4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas?  No  Yes If yes, describe: **PATIO AREA,**
- b. Number of Garbage Cans: Inside: **3** Locations: **FRONT DOOR, SEATING AREA, BEHIND COUNTER**  
Outside: **1** Locations: **FRONT AREA**
- c. Is a crowd control barrier used?  No  Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? **2**
- e. Name of solid waste contractor:  Advanced Disposal  Waste Management  Other: \_\_\_\_\_

## 5. Security

- a. Are there onsite parking spaces?  No  Yes If yes, how many? \_\_\_\_\_ and describe the parking security plan: \_\_\_\_\_
- b. Is there a loading zone?  No  Yes If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have licensed security on premise?  No  Yes If yes, how many? \_\_\_\_\_ and answer the following:  
 What are their responsibilities? \_\_\_\_\_  
 Describe equipment used \_\_\_\_\_  
 List their License Number (s) \_\_\_\_\_
- d. Will there be security cameras?  No  Yes If yes, how many? 7 and list locations: 6 INTERIOR (FRONT, BACK, REGISTER, STAGE, MIDDLE, REAR) 1 EXTERIOR, (PATIO AREA)
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe ONLY 21 YEARS OR OLDER

## 6. Percentage of Sales (must total 100%)

Alcohol <u>0</u> %	Food <u>0</u> % Cigarettes, Electronic Vape Devices, Tobacco Products <u>0</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>5</u> %	Salvaged Materials <u>0</u> % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>95</u> % Describe: <u>RETAIL</u>
Pawnbroker Activity <u>0</u> %			

## 7. Businesses/Licenses on the Premises (check all that apply):

### Type 1

- Full Service Restaurant  Cafe/Coffee Shop  Deli or Fast Food Restaurant  Private/Fraternal/Veterans Club
- Night Club  Tavern  Cocktail Lounge  Teen Club
- Banquet Hall  Sports Facility  Bowling Alley
- Hotel/Motel: Number of Floors: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_  
 Rooming House: Number of Floors: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_

### Type 2

- Liquor Store  Corner Store  Supermarket  Convenience Store
- Gas Station  Amusement/Phonograph Distributor  Recycling, Salvage or Towing
- Used Car Dealer  Personal Service Establishment (such as tattoo business, hair salon, tailor, etc.)  Recording Studio

What other licenses/permits will you hold at this location? (check all that apply)

- Occupancy Permit  Cigarette, Tobacco, Electronic Vape Products  Gas Station  Extended Hours  Class "B" Tavern  Weights & Measures
- Secondhand Dealer  Precious Metal & Gem  Other: \_\_\_\_\_

## 8. Legal Capacity (only if a Type 1 premises in #7 above)

Capacity \_\_\_\_\_ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

## 9. Premises Description

a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):

1<sup>st</sup> Floor  2<sup>nd</sup> Floor  Basement Storage  Patio  Beer Garden  Sidewalk Café  Deck  Rooftop

Other: Describe: \_\_\_\_\_

b. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_

c. Nearest Major Cross Street: S. 1 ST / W. PITTSBURG AV

d. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_

e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories 4  Other: \_\_\_\_\_

f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_

g. Building Owner Name: CHARLIE HUTCHINSON Phone Number: 414-262-224-2084

Building Owner Address: 161 S. 1ST. #300, MILWAUKEE WI 53204

## 10. Hours of Operation & Customers

Will customers be entering the premises?  No  Yes

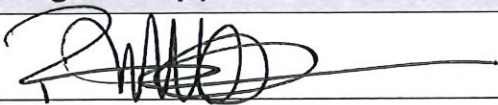
Day of the Week	Proposed Hours of Operation:		Estimated Number of Customers expected each day	Potential Age Range of Customers	Class B Tavern Applicant Only: Age Restriction (If none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)			
Sunday	CLOSED		0		
Monday	CLOSED		0		
Tuesday	10 AM	7 PM	50	21+	
Wednesday	10 AM	7 PM	50	21+	
Thursday	10 AM	9 PM	60	21+	
Friday	10 AM	10 PM	70	21+	
Saturday	10 AM	10 PM	70	21+	

An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.

Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday  
Permitted Hours of Operation: Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday

Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

## 11. Signature(s)



Signature of Sole Proprietor, Partner, or 20% or more Shareholder  
(If there are no 20% or more shareholders,  
Corporate Officer-print name/title and sign)



Signature of additional partner or 20% or more shareholder

See Application Information for a complete list of all required application forms.



# BUSINESS LICENSE PLAN OF OPERATION

ccl-busplan 5/12/2020

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 www.milwaukee.gov/license e-mail address: license@milwaukee.gov

## 1. Type of Business

Applying for:  Extended Hours (12AM to 5AM) - If a food establishment, check all that apply:  Delivery  Drive Thru  Dining Room  
 Self Service Laundry  Massage Establishment  Filling Station  
 Other (supplemental application for specific license also required) PUBLIC ENTERTAINMENT

Provide a detailed description of the type of business you plan on operating:

RETAIL STORE WITH SERVICE COUNTER, LOUNGE WITH PROPOSED PUBLIC ENTERTAINMENT

Do you have any experience operating this type of business?  No  Yes If yes, explain: ORIGINAL LOCATION IN HARTFORD WI

## 2. Business Operations

- a. Proposed Opening Date: 10-02-25
- b. Is this premise under construction?  No  Yes If yes, list estimated completion date: \_\_\_\_\_
- c. Is this a franchise?  No  Yes
- d. Is this premises currently licensed?  No  Yes If yes, list type of license: OCCUPANCY PERMIT
- e. Is the current licensee operating?  No  Yes If no, list date closed: N/A
- f. Do you have future plans for other businesses, licenses or permits at this location?  No  Yes  
If yes, explain: \_\_\_\_\_
- g. Have you previously held an Extended Hours License in Milwaukee?  No  Yes  
If yes, list address(es): \_\_\_\_\_
- h. Are other businesses operating in the same building?  No  Yes If yes, describe: COFFEE SHOP NEXT DOOR

## 3. Litter & Noise

- a. How are grounds kept clean?  Sweep  Pressure Wash  Pick Up Litter  Other: \_\_\_\_\_
- b. How often will grounds be cleaned?  Daily  Weekly  As Needed  Monthly  Other: \_\_\_\_\_
- c. Grounds cleaned by:  Licensee  Building Owner  Employees  Hired Maintenance  Other: \_\_\_\_\_
- d. How are noise issues prevented and/or addressed?  Security  Manager approaches customer(s)  Call Police  
 Signs Posted  Other: \_\_\_\_\_
- e. Will a sound amplification system be used?  No  Yes If yes, describe: TV, SPEAKERS, PA SYSTEM,

## 4. Smoking & Sanitation

- a. Are there designated outdoor smoking areas?  No  Yes If yes, describe: \_\_\_\_\_
- b. Number of Garbage Cans: Inside: 2 Locations: FRONT OF STORE, MIDDLE OF STORE  
Outside: 1 Locations: CORNER OF STORE
- c. Is a crowd control barrier used?  No  Yes If yes, describe: \_\_\_\_\_
- d. How many restrooms are on the premises? 2
- e. Name of solid waste contractor:  Advanced Disposal  Waste Management  Other: \_\_\_\_\_

## 5. Security

- a. Are there onsite parking spaces?  No  Yes If yes, how many? \_\_\_\_\_ and describe the parking security plan: \_\_\_\_\_
- b. Is there a loading zone?  No  Yes If yes, describe the loading area security plan: \_\_\_\_\_
- c. Will you have licensed security on premise?  No  Yes If yes, how many? \_\_\_\_\_ and answer the following:  
 What are their responsibilities? \_\_\_\_\_  
 Describe equipment used \_\_\_\_\_  
 List their License Number (s) \_\_\_\_\_
- d. Will there be security cameras?  No  Yes If yes, how many? 6 and list locations: FRONT DOOR, FRONT COUNTER, MIDDLE OF SEATING, REAR SEATING, CASH REGISTER, REAR RETAIL
- e. Will searches/identification checks be done upon entry?  No  Yes If yes, describe OVER 21 YOA

## 6. Percentage of Sales (must total 100%)

Alcohol <u>0</u> %	Food <u>10</u> % Cigarettes, Electronic Vape Devices, Tobacco Products <u>0</u> %	Secondhand Merchandise <u>0</u> %	Precious Metals & Gems <u>0</u> %
Entertainment <u>10</u> %	Salvaged Materials <u>0</u> % (such as scrap metal)	Personal Services (such as tattoo, body piercing, salon, tailor, tanning, etc.) <u>0</u> %	Other <u>80</u> % Describe: <u>RETAIL SALES</u>
Pawnbroker Activity <u>0</u> %			

## 7. Businesses/Licenses on the Premises (check all that apply):

### Type 1

- Full Service Restaurant       Cafe/Coffee Shop       Deli or Fast Food Restaurant       Private/Fraternal/Veterans Club
- Night Club       Tavern       Cocktail Lounge       Teen Club
- Banquet Hall       Sports Facility       Bowling Alley
- Hotel/Motel: Number of Floors: \_\_\_\_\_       Rooming House: Number of Floors: \_\_\_\_\_  
 Number of Rooms: \_\_\_\_\_      Number of Rooms: \_\_\_\_\_

### Type 2

- Liquor Store       Corner Store       Supermarket       Convenience Store
- Gas Station       Amusement/Phonograph Distributor       Recycling, Salvage or Towing
- Used Car Dealer       Personal Service Establishment  
 (such as tattoo business, hair salon, tailor, etc.)       Recording Studio

What other licenses/permits will you hold at this location? (check all that apply)

- Occupancy Permit     Cigarette, Tobacco, Electronic Vape Products     Gas Station     Extended Hours     Class "B" Tavern     Weights & Measures
- Secondhand Dealer     Precious Metal & Gem     Other: \_\_\_\_\_

## 8. Legal Capacity (only if a Type 1 premises in #7 above)

Capacity \_\_\_\_\_ (Call the Milwaukee Development Center at 414-286-8211 if you have questions.)

**9. Premises Description**

a. Identify all area(s) of the premises that will be used in operating this business (include areas used only for storage):  
 1st Floor  2nd Floor  Basement Storage  Patio  Beer Garden  Sidewalk Cafe  Deck  Rooftop

Other: Describe: \_\_\_\_\_  
 b. Describe Location:  Major Thoroughfare  Secondary Street  Other: \_\_\_\_\_  
 c. Nearest Major Cross Street: S. 1st ST. AND W. PITTSBURGH AV  
 d. Describe Building:  Free Standing Building  Strip Mall  Other: \_\_\_\_\_  
 e. Describe Premises Structure:  Single Story  Multi-Story - # of Stories 4  Other: \_\_\_\_\_  
 f. Describe Surrounding Area:  Commercial  Residential  Industrial  Other: \_\_\_\_\_  
 g. Building Owner Name: CHARLE HUTCHINSON Phone Number: 262-224-2084  
 Building Owner Address: 161 S. 1 ST. MILWAUKEE, WI 53204

**10. Hours of Operation & Customers**

Will customers be entering the premises?  No  Yes

Day of the Week	Proposed Hours of Operation:			Class B Tavern Age Restriction (if none, write 'None')
	Open Time (include a.m. or p.m.)	Close Time (include a.m. or p.m.)	Estimated Number of Customers expected each day	
Sunday	11 AM	5 PM	100	21+
Monday	CLOSED			
Tuesday	11 AM	7 PM	100	21+
Wednesday	11 AM	7 PM	100	21+
Thursday	11 AM	7 PM	100	21+
Friday	12 PM	10 PM	100	21+
Saturday	12 PM	10 PM	100	21+

An Extended Hours Establishment License is required for any convenience store, filling station, personal service establishment (such as tattoo, body piercing, salon, tailor, tanning, etc.), recording studio or restaurant which is open between the hours of 12:00 a.m. and 5:00 a.m.  
 Alcohol Establishments Class A: 8:00 am to 9:00 pm Sunday thru Saturday Class B: 6:00 am to 2:00 am Sunday thru Thursday, 6:00 am to 2:30 am Friday & Saturday  
 Permitted Hours of Operation: \_\_\_\_\_  
 Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursday, 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.

**11. Signature(s)**

Signature of Sole Proprietor, Partner, or 20% or more Shareholder \_\_\_\_\_  
 (if there are no 20% or more shareholders, Corporate Officer-print name/title and sign)  
 Signature of additional partner or 20% or more shareholder \_\_\_\_\_

See Application Information for a complete list of all required application forms.



# ALCOHOL BEVERAGE & PUBLIC ENTERTAINMENT PREMISES SUPPLEMENTAL APPLICATION

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 e-mail address: llcense@milwaukee.gov [www.milwaukee.gov/license](http://www.milwaukee.gov/license)

Legal Entity Name: LHZ INVESTMENTS LLC

Premise Address: 161 S. I ST. suite 110, MILWAUKEE, WI 53204

## Proximity of Premises to Church, School, Daycare Center or Hospital

Is the building within 300 feet of any church, school, daycare center or hospital?  No  Yes

## "Service Bar Only" Designation

If applying for Class B or C license, are you applying for "Service Bar Only"?  No  Yes

Service Bar Only means customers cannot sit at the bar. Alcohol is served to employees who serve patrons seated at tables. No stools, chairs or other articles of furniture shall be placed at the service bar for patrons to sit upon.

## Business Information

a) Are you taking out this application for anyone that may not be eligible for a license?  No  Yes

If yes, list their name and address: \_\_\_\_\_

b) Will the agent, a partner or the individual licensee be conducting the day-to-day operations of the business?  No  Yes

If no, list the name and address of the person(s) who will: \_\_\_\_\_

Class B Applicants: If the agent, a partner or the individual licensee will not be conducting the day-to-day operations of the business, the person(s) listed above must obtain a Class B Managers license.

c) Does anyone else have money invested or any other interest in this business?  No  Yes

If yes, explain: \_\_\_\_\_

d) Have you made an agreement with anyone to repay any loan or any other payments based upon income from the business?

No  Yes If yes, list name and address: \_\_\_\_\_

## Property Information (New & Transfer Applicants Only)

a) Do you own or lease the building?  Own  Lease

b) Who owns the fixtures (for example, coolers, etc.)? LHZ INVESTMENTS LLC

c) Are you purchasing the stock and/or fixtures?  No  Yes If yes, amount paid \$ \_\_\_\_\_

d) Total amount paid for business \$ 0

e) Total amount paid for goodwill of the business \$ 0

Goodwill comprises the reputation and customer relationships of an existing business. If the price you pay for the business exceeds the fair market value of all of the rest of the assets of the business, the excess may be considered goodwill.

## Lease Information (New & Transfer Applicants who are leasing the premises only)

a) Date lease begins 04-01-2025 Ends 04-30-2032

b) Monthly rental \$ 3558.50

c) Do you have an option to renew the lease?  No  Yes

d) Does your lease allow for assignment to another party without the consent of the owner?  No  Yes

e) For what length of time have you been guaranteed occupancy (number of years)? 7 YEARS

## Lease Information (Continued)

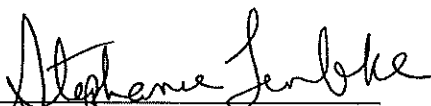

- f) In addition to paying the monthly rental, will you have to pay anything additional to the owner of the building to guarantee performance of the lease?  No  Yes If yes, explain \_\_\_\_\_
- g) Does the present owner or occupant object to the granting of your license?  No  Yes  
If yes, explain \_\_\_\_\_

## Change of Agent Applicants Only

Have there been any changes to the floor plan since the last application was submitted?  No  Yes  
If no, a new floor plan is not required. If yes, submit a new floor plan and explain the change(s):  
\_\_\_\_\_

## Signature

ROBERTO  
HILL



Signature of Sole Proprietor, Partner of 20% or More Shareholder  
(If no 20% or more Shareholder, Corporate Officer - print name/title and sign)

Note: All information contained in this application is subject to approval by the Common Council.  
Deviating from approved plan of operation will subject licensee to citations, and/or suspension or non-renewal of the license.  
Contact the License Division for information on how to request changes.

## New and transfer of premises applicants must submit the following:

- Detailed floor plan  
 If a restaurant, copy of the menu



# PUBLIC ENTERTAINMENT PREMISES LICENSE SUPPLEMENTAL APPLICATION

Office of the City Clerk License Division  
200 E. Wells St. Room 105, Milwaukee, WI 53202  
(414) 286-2238 [www.milwaukee.gov/license](http://www.milwaukee.gov/license) e-mail address: [license@milwaukee.gov](mailto:license@milwaukee.gov)

**PREMISES ADDRESS:** 161 S. 1 ST. SUITE 110, MILWAUKEE WI 53204

**TYPES OF ENTERTAINMENT (CHECK ALL THAT APPLY)**

<input checked="" type="checkbox"/> Instrumental Musicians	<input type="checkbox"/> Battle of the Bands	<input type="checkbox"/> Dancing by Performers	<input type="checkbox"/> Amusement Machines How many? _____
<input checked="" type="checkbox"/> Bands	<input checked="" type="checkbox"/> Comedy Acts	<input type="checkbox"/> Adult Entertainment/ Strippers/Erotic Dance	<input type="checkbox"/> Concerts Approx. # per year? _____
<input type="checkbox"/> Bowling Alley How many? _____	<input checked="" type="checkbox"/> Disc Jockey	<input type="checkbox"/> Wrestling	<input type="checkbox"/> Theatrical Performances Approx. # per year? _____
<input type="checkbox"/> Pool Tables How many? _____	<input type="checkbox"/> Magic Shows	<input type="checkbox"/> Patron Contests	<input checked="" type="checkbox"/> Jukebox
<input type="checkbox"/> Motion Pictures (movies by admission) - How many? _____	<input checked="" type="checkbox"/> Poetry Readings	<input type="checkbox"/> Patrons Dancing	<input checked="" type="checkbox"/> Karaoke
<input checked="" type="checkbox"/> Hookah Service	<input type="checkbox"/> Other: _____		

*Entertainment Outdoor Closing Hours: 10:00pm Sunday-Thursdays; 12:00am Friday & Saturday; unless a different time, either earlier or later, is established by the Common Council in its approval of the licensee's plan of operation.*

**PROMOTERS/SOUND AMPLIFICATION**

Will promoters ever be used for any of the entertainment?  No  Yes If Yes, Describe: \_\_\_\_\_

At any time will sound amplification be used?  No  Yes If Yes, Describe: PA SYSTEM


**LEGAL CAPACITY OF PREMISES**

750 (Call the Development Center at 414-286-8211 with questions.) Legal capacity determines the fee for your Public Entertainment Premises License. If you would like to request the license be approved with a lower capacity than that listed above, indicate the lower capacity here: \_\_\_\_\_. If approved, this lower capacity will print on your license and override the capacity listed on your Occupancy Permit.

**ACKNOWLEDGEMENT/SIGNATURE**

I understand that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council. I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application. I understand that I shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

I have knowledge of the City Ordinances currently regulating public entertainment, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the city of Milwaukee and State of Wisconsin.

 ROBERTO N. HILL

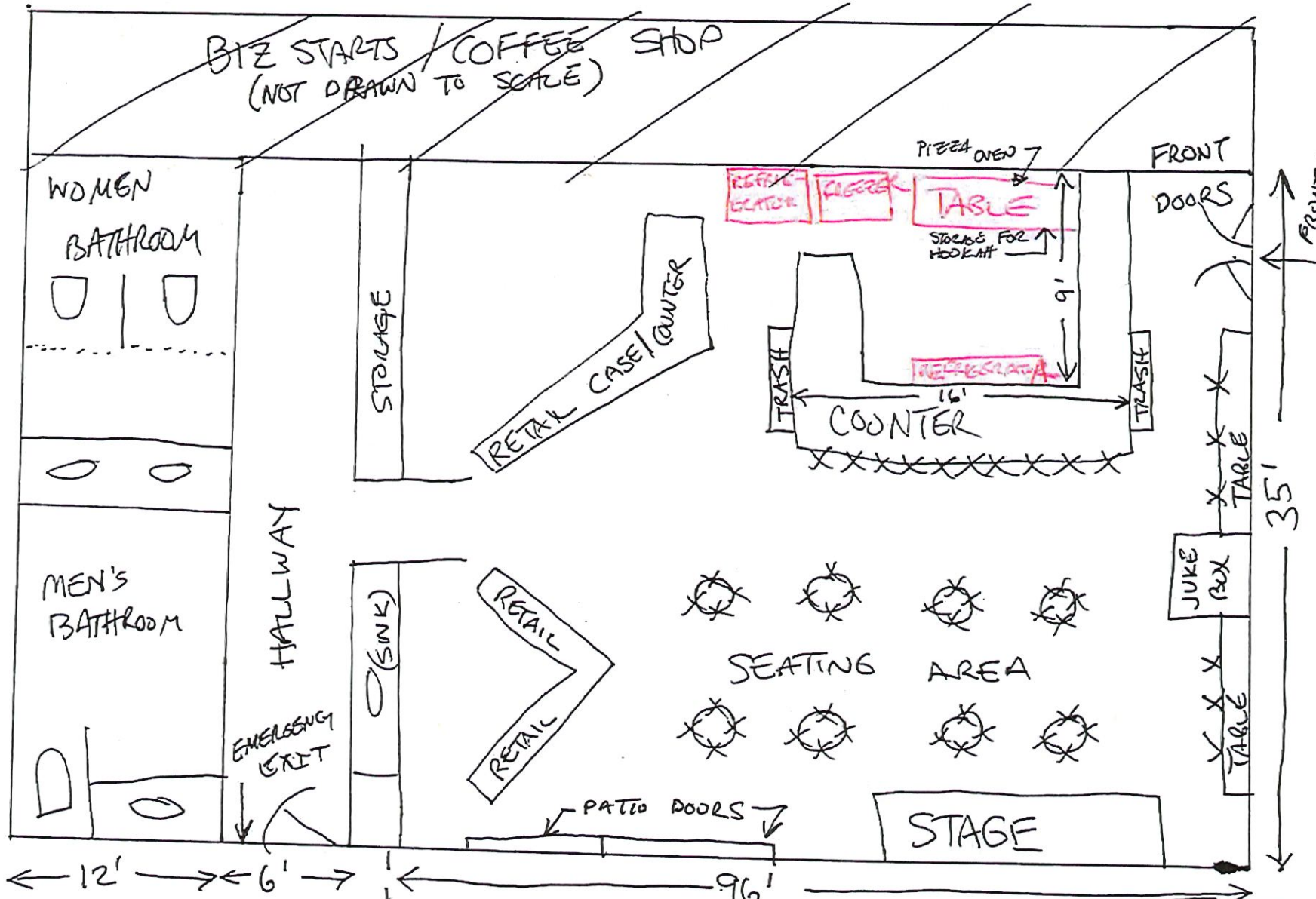
Signature of Sole Proprietor, Partner or 20% or More Shareholder  
(If no 20% or more Shareholder, Corporate Officer - print name/title and sign)

**Office Use Only:**

Initials: \_\_\_\_\_ Filed: \_\_\_\_\_ App: \_\_\_\_\_

Only PEP?  No  Yes If Yes,  Queue to MPD and  Email Mgrs/Team Lead (must be heard w/in 60 days)

SOUTH 1<sup>ST</sup> ST



WEST PITTSBURG AVE

TOTAL SQUARE FOOT 3,360 sq ft.

LHZ INVESTMENTS LLC  
 dba "Canna Bloom Farmacy"  
 101 S. 1 ST. #110  
 MILWAUKEE WI 53204

PATIO AREA  
 OCTOBER 6, 2025  
 STEPHANIE LEMSKIE  
 ROBERTO HILL

DUMPER TRASH

10' | DOTTED AREA  
 1' | PATIO AREA

NORTH